

Controlled Substance Applicants - Download application and mail to the address on the top of the application with the required \$80.00 fee. The fee is payable by check or money order only, we do not accept credit cards.

If you do not have a state license number as yet, leave blank. We can not process the application until you have notified us of your license number. DO NOT SUBMIT THE CONTROLLED SUBSTANCE APPLICATION WITHOUT A NEVADA PRACTICING ADDRESS.

If you are applying for a new DEA for Nevada please read section A. If you are transferring a DEA number to Nevada please read section B.

A. CONTROLLED SUBSTANCE REGISTRATION AND NEW DEA REGISTRATION

Upon receipt of the completed controlled substance application and check in the amount of \$80.00, we will issue a Nevada **PENDING** registration number and inform the DEA. The issuance of a pending number is for DEA's use only.

DEA Application Forms. Please contact DEA at 800/882-9539 in Washington, DC or 702/759-8202 in Las Vegas to receive an application. You can also go to DEA's website at www.deadiversion.usdoj.gov to apply for a DEA number with a credit card. The Nevada State Board of Pharmacy office does not have new application forms. If you plan to practice in Nevada and another state, you must have a DEA registration in each state.

B. CONTROLLED SUBSTANCE REGISTRATION AND DEA TRANSFER

For your convenience we have provided the DEA form to transfer of your EXISTING Drug Enforcement Administration (DEA) number to Nevada.

Upon receipt of the controlled substance application, DEA transfer form, copy of your current DEA certificate and a fee in the amount of \$80.00, we will issue a Nevada registration number and mail the transfer form to the DEA. It will take approximately 15 working days for the DEA to process the transfer.

All controlled substance registrations expire October 31, of the even numbered years. It is your responsibility to keep us up to date with your practicing address by notifying the board in writing.

If you have any questions, please feel free to contact the Reno office at (775) 850-1440.

NEVADA STATE BOARD OF PHARMACY

555 Double Eagle Ct #1100 ~ Reno, NV 89521 ~ 775/850-1440

(This application can not be used by PA's or APN's)

CONTROLLED SUBSTANCE APPLICATION

Registration Fee: **\$80.00** (non-refundable)

First: _____ Middle: _____ Last: _____ Degree: _____

Practice Name (if any): _____

Nevada Address: _____ Suite #: _____

(This must be a practicing address, we will not issue a license to a home address or to a PO Box only)

PO Box: _____ E-mail address: _____

City: _____ State: _____ Zip Code: _____

Nevada Telephone: _____ Nevada Fax: _____

Date of Birth: _____ SS#: _____ Sex: M or F

Practitioner License Number: _____ Specialty: _____

You must be licensed with your respective BOARD before we will process this application.

- 1) I have ___ I have not ___ been diagnosed or treated in the last five years for a mental illness or a physical condition that would impair my ability to perform any of the essential functions of my license, including alcohol or substance abuse.
- 2) I have ___ I have not ___ been charged, arrested or convicted of a felony or misdemeanor.
- 3) I have ___ I have not ___ been the subject of an administrative action whether completed or pending.
- 4) I have ___ I have not ___ had a license suspended, revoked, surrendered or otherwise disciplined, including any action against my license that was not made public.

If you checked "I have" to questions 2, 3 or 4 above, please include the following information and provide an explanation and/or documents.

- a) Board Administrative Action State: _____ Date: _____ Case Number: _____
and/or
- b) Criminal Action State: _____ Date: _____ Case Number: _____

County: _____ Court: _____

I have read all questions, answers and statements and know the contents thereof. I hereby certify, under penalty of perjury, that the information furnished on this application are true, accurate and correct.

Signature _____

Date _____

Board Use Only

Received: _____ Check Number: _____ Amount: _____

UNITED STATES DEPARTMENT OF JUSTICE
DRUG ENFORCEMENT ADMINISTRATION

LAS VEGAS DIVISION
550 S MAIN STREET #A
LAS VEGAS, NV 89101
(702) 759-8202

DEAR REGISTRANT:

IN ORDER TO TRANSFER YOUR FEDERAL DEA NUMBER IT WILL BE NECESSARY FOR YOU TO COMPLETE THIS FORM. PLEASE COMPLETE ALL ITEMS. BE SURE TO USE A BUSINESS ADDRESS, DO NOT USE A P.O. BOX UNLESS IT IS ACCOMPANIED BY A STREET ADDRESS. OFFICIAL ORDER FORMS CAN ONLY BE SENT TO A BUSINESS ADDRESS.

DEA NUMBER _____

DATE OF RELOCATION _____

PRINT NAME _____

DAY TIME TELEPHONE NUMBER _____

OLD ADDRESS

NEW ADDRESS

PREVIOUS STATE LICENSE NUMBERS

NEW STATE LICENSE NUMBER

DO YOU NEED DEA ORDER FORMS

YES _____ NO _____

SIGNATURE

DATE

FOR ADDITIONAL INFORMATION CALL, (702) 759-8202.